Effective October 1, 2000											09701475			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL			
TOTAL CLAIMS								RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			20minus 20=		· Ø			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			min	us 3 =	. 0	0		X40=		OR	X80=			
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR				
* If the difference in column 1 is less than zero,					r "0" in c	olumn 2	ı	TOTAL	.+	OR		110		
CLAIMS AS AMENDED - PART II											OTHER			
		(Column 1) CLAIMS		(Colui		(Column 3)	1 1	SMAL	LENTITY	OR	SMALL			
NT A		REMAINING AFTER AMENDMENT		NUM PREVIO	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
<b>AMENDMENT</b>	Total	· K	Minus	**	20	=	1	X\$ 9=		OR	X\$18=			
	Independent	·	Minus (	***	3	=		X40=		OR	X80=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	+135=		OR	+210=			
d	mit i		,					TOTA		OR	TOTAL ADDIT, FEE			
T.	(Column 1) (Column 2) (Column 3)							ADDIT. FE	:E <u></u>	•	,ADDII. FCL			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• 6	Minus	•• 6	20	= (_		X\$ 9=		OR	X\$18=			
	independent	• )	Minus	***	<u>3</u>	=	-	X40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=			
			•				,	TOTA ADDIT. FE	AL E	OR	TOTAL ADDIT. FEE			
·		(Column 1)			ımn 2)	(Column 3								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		=		X\$ 9=		OR	XS18=			
	Independent	•	Minus	***		-	4	X40=		ОЯ	X8C=			
<u>  [</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=			
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOT		OR	TOTAL			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

FORM PTO-875 (Rev. 8/00) Application or Docket Number